

Office of Senator Lisa Murkowski
510 L. Street, Suite 550
Anchorage, AK 99501
Privacy Act Release Form

Date: _____ Location: _____

Name: _____

E-Mail: _____

Social Security Number: _____

Address: _____

Phone: _____

Dear Senator Lisa Murkowski:

I request your assistance in resolving the problem I am having with (agency) _____

Give highlights, necessary dates and locations. Attach second sheet if necessary.

Staff Member Assisting: _____ Office: _____

Casework Record Number: _____

WAIVER OF PRIVACY

I hereby give my permission to members of the Alaska Congressional Delegation to obtain any records pertinent to settle my problem.

Signature

Questions? Contact us at (907) 271-3735 Toll Free: 1-877-829-6030 or Fax: 1-877-857-0322